

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-621-867**
APPLICANT(S)

FILING DATE **07-17-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5		1				
6		3				
7		3				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18	1					
19		1				
20		1				
21		3				
22	1					
23	1					
24	1					
25		1				
26		1				
27		3				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	1					
37	1					
38	1					
39		1				
40		1				
41		3				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48	1					
49	1					
50	1					
TOTAL IND.	17		17		17	
TOTAL DEP.	58		58		58	
TOTAL CLAIMS	75		75		75	

51		1				
52		1				
53		3				
54		3				
55		(1)				
56		2				
57		2				
58	1					
59	1					
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TOTAL IND.	17		17		17	
TOTAL DEP.	58		58		58	
TOTAL CLAIMS	75		75		75	